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REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/537,482 Filing Date 11/18/2005 First Named Inventor Masaomi Taiimi Art Unit 1621 Examiner Name Lalitha Nagubandi Attorney Docket Number 078503,0103

I hereby revoke all previous powers of attorney given in the above-identified application.
A Power of Attorney is submitted herewith.
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Please change the correspondence address for the above-identified application to:
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am the:
Applicant/Inventor.
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Percent
ignature / phoenice
lame X TIMETHY BLEAU
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OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one
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